

IAA Number				Agency's Agreement	
GT&C #	Order # Ar	mendment # / Mod #	Tracking N	Number (Optional) GSA	<u> 10902</u>
	PRIMARY C	RGANIZATION / OFF	ICE INFORMATI	ON	
24.	Requestir	ng Agency		Servicing Agency	
Primary Organization / Office Name	General S	Services Administration		Digital Infrastructure Se FMMI Vendor ID 14000	
Responsible Organization / O Address	ffice 1800 F St Washingt	treet NW on, DC 20405		8930 Ward Parkway Kansas City, MO 64114	
	ORDE	R REQUIREMENTS II	NFORMATION		
performance period mo Modification Summar Line.	ist affected Order bod, state the new poy by Line (Block 2) a brief explanation	erformance period for t 6) if the mod involves a	his Order in Block adding, deleting o	nanges being made. For 27. Fill out the Fundi r r changing Funding for erformance Period End I	ng an Order
26. Funding Modification Summary by Line	Line # 0001 GSA0902	Line # 0002	Line # 0003	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$490,297.15				\$490,297.15
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$0.00				\$0.00
Funding Change for This Mod	\$0.00				\$0.00
TOTAL Modified Obligation	\$490,297.15				\$490,297.15
Total Advance Amount (-)	\$0.00				\$0.00
Net Modified Amount Due	\$490,297.15				\$490,297.15
27. Performance Period	,	Start Date	10-01-2021	End Date	09-30-2022
For a performance period mo and end dates that reflect the period.			MM-DD-YYY		MM-DD-YYYY



IAA Numbe	er _								_			jency's <i>P</i>				
		GT&C	# (Order #	Am	endme	ent#/N	1od#		Track	ing Nu	mber (O	ptional)	GSA0	902	
28. Order Li	ne / F	unding	Infori	mation							Line	Number	,			
	Requ	esting	Agenc	y Fundin	g Inform	ation			Servi	cing A	gency I	unding	Informat	ion		
ALC									12-40	0-0407						
Component	SP	ATA	AID	BPOA	EPOA	Α	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	Α	MAIN	SUB
TAS (required																
by											012			Χ	4609	000
10/1/2014)																
and/or curre	nt TAS	forma	t													
BETC				DISB					COLI							
Object Class	Code	(Optio	nal)						0200							
BPN									8012	01760						
BPN + 4 (Op																
Additional			า		A-00-285							R IT051				
(Optional)	17 11110	milatio		QUUIS	CL0-AF2	200-18	51404		IT.RN	N.N009	.02.N0	00.GSA	00			
Requesting A	Agenc	y Fundi	ing Exp	oiration D	ate				Requ	esting	Agenc	y Fundin	g Cance	llation	Date	
09-30-2022									09-30)-2027						
MM-DD-YYY	Ϋ́								MM-E	DD-YY	ΥY					
Project Nun	nber &	Title	GSA09	902 - GS	A.Hostin	g_Cor	exus									
Description									Need fo	or this	Order	(State or	attach a	a desc	ription o	f
products/ser Refer to atta																
Troid to atta	0.1041	1100 Q	acto a	на аррио	abio app	orialo										
North Americ	can Ind	dustry (Classifi	cation S	ystem (N	CAIS)	Numbe	r (Opti	onal)							
Breakdown	of Re	imburs	able L	ine Cos	ts and/o	r Brea	kdown	of Ass	sisted	Acqui	sition I	ine Cos	st:			
Unit of Meas	ure							Contr	act Co	st	\$0.00)				
Quantity		Unit F	Price		Total			Servi	cing Fe	ees	\$0.00)				
1		\$490	,297.1	5	\$490,2	97.15		Total Cost	Obliga	ited	\$0.00)				
Overhead Fe	es an	d Char	ges		\$0.00			Adva (-)	nce for	Line	\$0.00)				
Total Line A	mount	Obligat	ted		\$490,2	97.15		Net T	otal Co	ost	\$0.00)				
Advance Lin	e Amo	unt (-)			\$0.00			Assis	ted Ac	quisitio	n Serv	icing Fe	es Expla	nation		
Net Line Am	ount D	ue			\$490,2	97.15										
Type of Ser	vice R	equire	ments	}												
Several	ole Se	rvice				n-sev	erable S	ervice					ot Applica	able		



IAA N	lumber					Servicing Agency's Agreement
		GT&C#	Order #	Amendment #	# / Mod	# Tracking Number (Optional) GSA0902
29. Ad	vance Info	rmation(Co	mplete Block	29 if the Advanc	e Payr	ment for Products/Services was checked "Yes" on the GT&C)
Total A	Advance A	mount for t	he Order <u>\$</u>	<u>0.00 [</u> All Order Lir	ne Adv	rance amounts (Block 28) must sum to this total.]
						ntify the Revenue Recognition Methodology that will be used g Agency's revenue.)
	Straight-line	e - Provide a	amount to be	accrued and Nur	mber o	f Months
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Accrual Pe	r Work Com	pleted- Identi	fy the accounting	post p	eriod:
		Monthly pe	er work comp	leted and invoice	d	
				gular period (bimo unicated if other th		quarterly, etc.) for posting accruals and how the accrual ed.
[All Ord		et Amounts [: \$ <u>490,297.</u> Due for reimb		nts and	d Net Total Costs for Assisted Acquisition Agreements (Block
31. Att	achments	(State or lis	t attachments	s.)		
	Key projec	t and/or acqı	uisition milest	tones (Optional ex	xcept f	or Assisted Acquisition Agreements)
	Other Attac	chments (Op	itional)			
				BILLING AND PA	AYME	NT INFORMATION
						nt and Collection (IPAC) is the Preferred Method.] ading Partner Agreement (TPA).
	Requesting	Agency Init	iated IPAC		∕ s	ervicing Agency Initiated IPAC
	Credit Card	I			<u> </u>	ther- Explain other payment method and reasoning
[An In		t be submit		ervicing Agency	and a	accepted by the Requesting Agency BEFORE funds are
reimbu	ursed (i.e.,	via IPAC tr	ansaction)]			
✓ M	onthly		Quart	erly		Other Billing Frequency (include explanation):
34 Pa	vment Ter	ms (Select C)ne)			
				_		
7	days		Upon Rec	Payment Terms		
				- 15 -		



IAA Number				Serv	ricing Agency's Agreement
	GT&C #	Order #	Amendment # / Mod #		cking Number (Optional) GSA0902
35 Funding Clar	uses / Instruc	tions(Onti	onal) (State and/or list funding	clauses/ir	nstructions such as Subject to the Availability
of Funds)		ilons (option	orial) (State and/or list randing	0144303/11	istractions such as subject to the Availability
36. Delivery / Sh	ipping Inform	nation for I	Products (Optional)		
Agency Name					
Point of Contact (& Title	(POC) Name				
POC Email Addre	ess				
Delivery Address Number	/ Room				
POC Telephone I	Number				
Special Shipping	Information				
		AF	PPROVALS AND CONTACT I	NFORMA	TION
37. Program Offi	icials				
					ncy, must ensure that the scope of work is
on each agency's			s Order. The Program Official n	nay or ma	y not be the Contracting Officer depending
on oden agency c	, , , , , , , , , , , , , , , , , , , ,	1	ing Agency		Servicing Agency
Name		Tracey M			Robert Boucher
Title			Director, Office of Enterprise ogy Solutions		Branch Chief, BRMPM
Telephone Numb	er	(215) 440	6-4803		(816) 823-4011
Fax Number					
Email Address		tracey.m	alick@gsa.gov		robert.boucher@usda.gov
SIGNATURE			8D182BC8186643F		
Date Signed			05102500100040F		
that the funds are Agency Funding	e <mark>accurately</mark> official signs t	cited and ca o obligate f	an be properly accounted for pe	er the purpunder the purpunding Of	nesting Agency and Servicing Agency, certify coses set forth in the Order. The Requesting ificial signs to start the work, and to bill, with the agreement.
	•	Requesti	ing Agency		Servicing Agency
Name		Francisc	o Wong Vidal		Chuck Koelsch
Title		Financia	Management Analyst		Chief, FinMgmtBranch
Telephone Numb	er	202-357-	-9617		816-823-1196
Fax Number			DocuSigned by:		
Email Address		francisco	wproxidal@allorgov Vilal		chuck.koelsch@usda.gov
SIGNATURE			7004C85C89624A6		
Date Signed					

Agreement Between Federal Agencies Order Requirements and Funding Information (Order) Section



IAA Number				Servicing Agency's Agreement
<i>ii</i> 0 () (d) (ii)				Contioning Augusta y Canada
	GT&C#	Order #	Amendment # / Mod #	Tracking Number (Optional) GSA0902
	0.00 "	0.40. //	/ anonamone // / moa //	• · · · / <u></u>

CONTACT INFORMATION

	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Kristine Curtis	Nancy Chapman
Title	Billing Management Specialist	Financial Management Specialist
Office Address	1800 F St NW PO Box 17181 Washington DC	8930 Ward Parkway Kansas City MO
Telephone Number	(703) 306-6214	(816) 926-2355
Fax Number		
Email Address	kristine.curtis@gsa.gov	nancy.chapman@usda.gov
Signature & Date (Optional)		
	ntacts (POCs) (as determined by each Agency). G Office Points of Contact (POCs).	
	Requesting Agency	Servicing Agency
Name	Darshak Sangoi	
Title	IT Specialist	
Office Address	1800 F Street NW Washington DC	
Telephone Number	(202-304-6645	
Fax Number		
Email Address	loren.smith@gsa.gov	
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		